

The Nature of Learning Grant Application

Incomplete applications will be returned to applicant.

APPLICANT INFORMATION

Organization (to be named as Grantee): _____
Street: _____
City, State, Zip: _____
Home Page: _____

| | | | |
|------------------|-------|--------------------|-------|
| Project Officer: | _____ | Financial Officer: | _____ |
| Telephone: | _____ | Telephone: | _____ |
| Fax: | _____ | Fax: | _____ |
| E-mail: | _____ | E-mail: | _____ |

Tax Status: _____ Tax ID#: _____ Fiscal Year End (MM/DD): ____/____
(i.e., 501(c)(3), public school, etc.)

PROJECT INFORMATION

Project Name: _____
Location(s) of Project: City: _____
State: _____
Country: _____
Congressional District(s): _____

Dates: Project Start Date: _____ Project End Date: _____
Application Submission Date: _____

Please check one: _____ New Nature of Learning program
_____ Second Year Grant (maximum grant = \$3,000)
_____ Third Year Grant (maximum grant = \$3,000)

GRANT REQUEST:

| | |
|-------------------------------------|----------|
| Funds Requested: | \$ _____ |
| Partner Contributions (federal): | \$ _____ |
| Partner Contributions (non-federal) | \$ _____ |
| Total Project Cost: | \$ _____ |

PARTNER CONTRIBUTIONS: Please list the names of project partner organizations, the value of their contribution, and indicate whether the contribution is cash or in-kind and federal or non-federal.

| Project Partner | Amount | Cash/In-Kind | Federal/Non-federal |
|-----------------|--------|--------------|---------------------|
| 1. | \$ | | |
| 2. | \$ | | |
| 3. | \$ | | |
| 4. | \$ | | |
| | | | |
| | | | |
| Total | \$ | | |

Can we circulate your application to other potential funding sources? ____ (yes) ____ (no)

PROJECT BUDGET

Please provide a project budget, in the format below (if this space is not adequate, please attached a separate sheet of paper). Budget requests must conform to the following line items that specifically describe project costs, not program items or acronyms. Program categories such as “Workshops” or “Training” are too vague and do not indicate what is being paid. These categories must be broken down into the specific line items such as “Salaries,” “Supplies,” or “Travel.” The proposed Budget must be in compliance with OMB circulars that apply to the Applicant's organization and type of Project (please see <http://www.whitehouse.gov/omb/> for more information).

| | |
|----------------------|---|
| Salaries | List individual positions and the percentage of each individual’s annual salary to be covered. NFWF funds cannot be used for salaries of permanent federal employees. |
| Benefits | Benefits must be a separate line item. |
| Travel | Must be project-related. Provide a brief explanation including number of trips, mode of transportation and rates. |
| Supplies | List examples of the supplies (i.e., expendable items) to be used and provide a per unit cost for each item. |
| Contractual services | Give a brief description of each service being contracted and the cost of each service. |
| Other | List other direct project expenses (e.g., postage, long distance phone charges). Please note that funds cannot be used for general administrative overhead or indirect costs of any kind. |

| Budget Category | Expense per Category | Partner Contribution | NFWF Funds |
|-------------------------|----------------------|----------------------|------------|
| Salaries: | | | |
| Benefits: | | | |
| Travel | | | |
| Supplies | | | |
| Contractual Services: | | | |
| Other (please specify): | | | |
| | | | |
| TOTAL | | | |

APPLICANT SIGNATURE:

Name of Project Officer Signature Date

REFUGE MANAGER SIGNATURE*:

Name of Refuge Manager Signature Date

***Please Note: Applications without the Refuge Manager signature will not be considered.**

PROPOSAL NARRATIVE (total length not to exceed 3 pages of single-spaced text; 12 point font)

I. ***Project Summary*** - prepare a brief paragraph (3-5 sentences) summarizing your project. The project summary should be written on a separate page. This paragraph will be used for quick reference during the review process.

II. ***Proposal:***

A. **Need:**

- What specific community need or local conservation issue does your project address?
- Why is your project important?

B. **Objectives:**

- What do you want to accomplish (goals) with your project (please be as specific as possible)?
- Who will benefit from your project (e.g., # of students expected to participate, target audience, etc.)?
- If the program involves a service-learning or stewardship element, describe the activities students will be participating in (e.g., are the activities student-driven, what are the anticipated ecological benefits of the projects, how will the projects reinforce classroom learning)
- How will your project directly benefit fish, wildlife, plant, and habitat resources in your community or at the National Wildlife Refuge?
- How will your project help strengthen your group and its relationship with the Refuge and your community?

C. **Methodology:**

- Describe how you will implement your project and your timetable for completing each activity.
- Describe how the program will be sustained over time.

D. **Partners:**

- Are there other organizations that will work with you on your project, and if so:
 - Who are they?
 - What will each partner contribute?
 - How will your project benefit each partner?

E. **Evaluation:**

- What short and long term changes do you expect as a result of the project?
- How will you measure these changes/outcomes?

Applications must be **postmarked no later than April 17th 2006**, and should be sent to:

National Fish and Wildlife Foundation
Attn: *The Nature of Learning* Grants Program
1120 Connecticut Avenue, NW, Suite 900
Washington, DC 20036

Please include the **original** plus **four copies** of the application and proposal narrative.

Additionally, please include **one set** of the following financial information:

- A. Non-profit IRS determination letter (or a signed copy of your non-profit application filing indicating filing for tax exempt status is in process);
- B. Most recent fiscal year audited financial statement (if an audit is not available, please submit a balance sheet reflecting total assets and liabilities and profit/loss statement)*
- C. Most recent IRS Form 990*

**If your organization has not had an audit or has not been required to file a Form 990, please make a note of this and include with your financial materials. The Form 990 and financial statements should reflect the same fiscal year.*

Timeline

Applications must be postmarked: April 17th, 2006

Anticipated announcement of awards: August 4th, 2006**

*** Please do not contact the Foundation regarding the status of your proposal until after the award announcement date.*